

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|---------------|-----------------|
| | <i>AS</i> | | <i>10/05/00</i> |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | <i>19</i> | <i>61300</i> |
| FORMALITY REVIEW | <i>AM</i> | <i>5C III</i> | <i>11-03-W</i> |
| RESPONSE FORMALITY REVIEW | <i>NH</i> | <i>617</i> | <i>9-16-02</i> |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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